

VOUCHER NO. 7-12		REQUEST FOR PAYMENT AND POSTING VOUCHER				VOUCHER NO. 7-12	
TO : Finance Division, Accounts Branch						DIVISION VOUCHER NO.	
THROUGH: Monetary Branch						14 Feb. 62 2474	
Request payment be made and/or transaction be recorded as indicated below. Pertinent documentation in support of this transaction is on file in this office.							
SUBJECT						INVOICE NO(S). 92-6503-16, 17, 18, 19, 20	
PAYMENT TO Baird-Atomic, Inc						CONTRACT NO. H7-CT-691	
AMOUNT \$ 1793.00						CHECK TO BE DATED	
CASH PAYMENT		<input checked="" type="checkbox"/> U.S. TREASURY CHECK		AGENT CASHIER CHECK		BANK CASHIER'S CHECK	
THE ATTACHED CHECKS AND/OR CASH IN THE AMOUNT OF \$ SHOULD BE TAKEN INTO ACCOUNT AS INDICATED BELOW.							
I HEREBY AUTHORIZE MY AGENT, WHOSE SIGNATURE APPEARS BELOW, TO RECEIVE \$ OF OFFICIAL FUNDS IN CURRENCY ON MY BEHALF.							
DATE		SIGNATURE OF PAYEE		DATE		SIGNATURE OF AGENT	
DATE		SIGNATURE OF AGENT		DATE		SIGNATURE OF RECIPIENT	
DESCRIPTION-ALL OTHER ACCOUNTS 13-33		34-39 STATION CODE		40-42 EXPEND CODE		43-46 PAY PER. LIQ. CODE	
28-33 T/A NO.		PROP. NO.		47-52 OBLIG. REF. NO.		53-57 GENERAL LEDGER ACCT. NO.	
P.O. NO.		PROJECT NO.		ADVANCE ACCT. NO.		58-67 ALLOT. OR COST ACCT. NO.	
22-23 DIV.		FY		EMP. NO.		62-67 CK. NO. X REF. NO.	
DESCRIPTION-ADVANCE ACCOUNTS 13-27						68-70 DUE DATE	
						71-80 AMOUNT	
						DEBIT	
						CREDIT	
Baird-Atomic, Inc		87X7		691		28-1057-0175 740 1344.75	
" "		8823		691		89-0280-0000 830 448.25	
" "						448.25	
" "		21		691		28-2004-5230 830 448.25	
" "						1793.00	
Original + 1 - (Cardhouse) H7-Contract H7-CT-691 (Part) - [Signature] 25X1							
PREPARED		DATE 15 Feb. 62		AUTHORIZED CERTIFYING OFFICER SIGNED		DATE	
						TOTALS 2241.25 2241.25	

**PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSON**

Use continuation sheet(s) if necessary

BU. VOU. NO. **Page 1 of 1**

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

Payee's Account No. _____ Discount Terms _____

TO **Baird-Atomic, Inc.**
(Payee)

Cambridge 38, Massachusetts

(Address)

Contract No. **HF-CT-691** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____
Shipped from _____ to _____ Weight _____ Govt. B/L No. _____

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	Quantity	UNIT PRICE		AMOUNT
				Cost	Per	
		<u>Inv. Nos.</u>				
		92-6503-16				\$ 203.60
		92-6503-17				487.72
		92-6503-18				88.05
		92-6503-19				991.61
		92-6503-20				22.02
				TOTAL		\$2,241.25

PAYMENT:

COMPLETE ☐
PARTIAL ☐
FINAL ☐
PROGRESS ☐
ADVANCE ☐

(PAYEE MUST NOT USE THIS SPACE)

DIFFERENCES _____

Amount verified; correct for
(Signature or initials) _____

† Approved for _____ = \$ _____

By _____

Title _____

Exchange rate _____ = \$1.00

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STAT
STAT
14 FEB 1962
(Date)
Acting Officer)

Paid by

Check No. _____ on Treasurer of the United States

Check No. _____ on _____ (Name of Bank)

Cash, \$ _____, on _____, 19 _____ Payee _____

* When used in foreign countries, insert name of currency of country in which used.

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____
Title _____

Baird**3. University Road, Cambridge 36, Massachusetts**

TELEPHONE: UNIVERSITY 4-7420 - CABLE: BAIRDCO Cambridge, Massachusetts, U.S.A.

**ANALYTICAL & CONTROL
INSTRUMENTS****TERMS: NET 30 DAYS**

YOUR ORDER

YOUR ORDER

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ODPD 0996-62
COPY OF

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WASHINGTON, D. C.

DATE ORDER RECEIVED		CUSTOMER'S PURCHASE ORDER NO. HF-CT-691		SCHEDULED SHIPPING DATE		SALESMAN 80		INVOICE NUMBER 92-6503-16	
SHIP VIA EMERY AIR FREIGHT		F.O.B. POINT		DATE SHIPPED/INVOICE DATE 1/22/62 1/31/62		CARRIER'S RECEIPT NUMBER BOS 57562			
QUANTITY DUE	SHIPPED TODAY	MODEL/PART NUMBER	DESCRIPTION				UNIT PRICE	TOTAL	
			PRICED EXHIBIT #5--PARTIAL BILLING PER EQUIPMENT RECEIPT NO. 389						
10	10		ITEM 2, BA-AR44-38, BULB & CASE ASSY.				20.36	203.60	
			AMOUNT SUBMITTED FOR REIMBURSEMENT					203.60	
<p>We certify that the above bill is correct and just; that payment therefor</p>									
<div style="border: 1px solid black; width: 400px; height: 100px; margin: 0 auto;"></div>									
STAT									

SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR THE PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH SECTION 12 (A) OF THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.